

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: <u>Atlantic Middle School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>86 Hollis Ave</u>	Time in:	Time out:
Telephone: <u>1-800-984-8721</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>4</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Diane Peterson</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction				X		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control	X					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan					X	

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 5-SEP-18 Discussion with Person-in-Charge:

Signature of Person-in-Charge: Diane Peterson
 Signature of Inspector: Paul Anderson

Date: 9/4/19
 Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Atlantic Middle School

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	✓					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	✓					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display		X				
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean		X				
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean		X				
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☐ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Ret. License

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/4/19

Signature of Inspector: [Signature]

Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Atlantic Middle School

Date: 9/4/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
walk in	not working				
reach in	39°				
reach in freezer	12°				
hot holding	135°				

Observations and/or Corrective Actions
<p>1. The contractor shall be responsible for obtaining all necessary permits and approvals from the relevant authorities before commencing any work.</p> <p>2. The contractor shall ensure that all work is carried out in accordance with the approved plans and specifications.</p> <p>3. The contractor shall maintain a safe and secure work environment at all times.</p> <p>4. The contractor shall ensure that all materials and equipment are stored safely and securely.</p> <p>5. The contractor shall ensure that all waste is disposed of in accordance with the relevant regulations.</p> <p>6. The contractor shall ensure that all work is completed within the agreed time frame.</p> <p>7. The contractor shall ensure that all work is completed to the required standard.</p> <p>8. The contractor shall ensure that all work is completed in accordance with the relevant regulations.</p> <p>9. The contractor shall ensure that all work is completed in accordance with the relevant standards.</p> <p>10. The contractor shall ensure that all work is completed in accordance with the relevant codes of practice.</p>

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 9/4/19

Signature of Inspector: _____

Date: 9/4/9

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Atherton House School</u>	Date: <u>9/6/19</u>	Page 1 of <u>3</u>
Address: <u>1084 Sen st</u>	Time in:	Time out:
Telephone: <u>984-8797</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>3</u>
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Liz King</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

6 mos

Signature of Person-in-Charge: <u>Elizabeth Barton</u>	Date: <u>9/8/19</u>
Signature of Inspector: <u>Bill DeCarli</u>	Date: <u>9/8/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Atherton House School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		✓				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		✓				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Re-inspection

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/6/19

Signature of Inspector: [Signature]

Date: 9/6/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Atherton House School

Date: 9/6/19

Page 3 of 3

Temperature Observations

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
m.l.h	38				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 9/6/19

Signature of Inspector:

Date: 5/6/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: <u>Beechwood Knoll</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>225 Kenna St</u>	Time in:	Time out:
Telephone: <u>1-617-984-2634</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Deborah Donelin</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

AS APPEARED

EVERY 6 MONTHS PA

Signature of Person-in-Charge: Deborah Donelin

Date: 9/5/19

Signature of Inspector: Paul Anderson

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Beechwood Knoll

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source	/					
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:

- ☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other Relicensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Breckwood (Knol)

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
milk chest	36.0				
reach in	35.1				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

7 D D rule

Date: 9/5/19

Signature of Inspector:

Druck V CLK

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Bernazzani</u>		Date: <u>9/15/19</u>	Page 1 of <u>3</u>
Address: <u>701 KENNEDY Brook Pkwy</u>		Time in:	Time out:
Telephone: <u>1-617-984-8351</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u> Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner:			
Person-in-charge: <u>JoAnne McNulty</u>			
Inspector: <u>PAUL Anderson</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	X					
2	Certified Food Protection Manager	X					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	X					
4	Proper use of restriction and exclusion	X					
5	Procedures for responding to vomiting and diarrheal events	X					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	X					
7	No discharge from eyes, nose, and mouth	X					
Preventing Contamination by Hands							
8	Hands clean & properly washed	X					
9	No bare hand contact with ready-to-eat food	X					
10	Adequate handwashing sinks properly supplied and accessible	X					
Approved Source							
11	Food obtained from approved source	X					
12	Food received at proper temperature	X					
13	Food received in good condition, safe, & unadulterated	X					
14	Required records available: shellstock tags, parasite destruction				X		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

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Date of Reinspection: 6 mcs 1st Discussion with Person-in-Charge:

AS Accepted

Signature of Person-in-Charge: [Signature]
 Signature of Inspector: [Signature]

Date: 9/15/19
 Date: 9/15/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: BORGZANI

Date: 9/5/19

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	/					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):
☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:
☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other re-licensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Quincy

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk chest	35.0				
Reach in	28.0				

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Signature of Person-in-Charge:

Date: 9/5/19

Signature of Inspector:

Date: 9/5/19

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Broadmeadows</i>	Date <i>12/3/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input checked="" type="checkbox"/> Milk <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Tobacco	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>50 Calvin Rd</i>	Risk Level		
Telephone <i>1-617-984-8778</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person in Charge (PIC) <i>Judith McNaught</i>			
Inspector <i>PAUL Anderson</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provisions violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Non-compliance with:

Anti-Choking
590.009 (E) ☐

Tobacco

590.009 (F) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation Segregation/ Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- | | |
|----------------------------------|-----------------|
| 23. Management and Personnel | (FC-2)(590.003) |
| 24. Food and Food Protection | (FC-3)(590.004) |
| 25. Equipment and Utensils | (FC-4)(590.005) |
| 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| 27. Physical Facility | (FC-6)(590.007) |
| 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| 29. Special Requirements | (590.009) |
| 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>PAUL Anderson</i>	Print: <i>PAUL Anderson</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Judith McNaught</i>	Print: <i>Judith McNaught</i>	

Page: / of

Page: / of

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Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Broadmeadows</u>	Date: <u>9/5/19</u>	Page 1 of 3
Address: <u>50 Calvin Road</u>	Time in:	Time out:
Telephone: <u>627-884-8778</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>48</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Andrea Valente</u>		
Inspector: <u>Paul Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 9/9/19 Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Andrea Valente</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Paul Anderson</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Broadmeadows

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display		X				
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean		X				
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>relicensing</u>	Other Information:
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Signature of Person-in-Charge: Blondie M. Valente

Signature of Inspector: Paul V. Clark

Date: 9/5/19

Date: 9/5/19

Quincy

Date: 09/05/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Walk in	39°				
Reach in	39°				
Hot Holding	139°				

Observations and/or Corrective Actions	
1	1. The first two items were not checked. The third item was checked. The fourth item was not checked. The fifth item was checked. The sixth item was not checked. The seventh item was checked. The eighth item was not checked. The ninth item was checked. The tenth item was not checked. The eleventh item was checked. The twelfth item was not checked. The thirteenth item was checked. The fourteenth item was not checked. The fifteenth item was checked. The sixteenth item was not checked. The seventeenth item was checked. The eighteenth item was not checked. The nineteenth item was checked. The twentieth item was not checked. The twenty-first item was checked. The twenty-second item was not checked. The twenty-third item was checked. The twenty-fourth item was not checked. The twenty-fifth item was checked. The twenty-sixth item was not checked. The twenty-seventh item was checked. The twenty-eighth item was not checked. The twenty-ninth item was checked. The thirtieth item was not checked. The thirty-first item was checked. The thirty-second item was not checked. The thirty-third item was checked. The thirty-fourth item was not checked. The thirty-fifth item was checked. The thirty-sixth item was not checked. The thirty-seventh item was checked. The thirty-eighth item was not checked. The thirty-ninth item was checked. The fortieth item was not checked. The forty-first item was checked. The forty-second item was not checked. The forty-third item was checked. The forty-fourth item was not checked. The forty-fifth item was checked. The forty-sixth item was not checked. The forty-seventh item was checked. The forty-eighth item was not checked. The forty-ninth item was checked. The fiftieth item was not checked. The fifty-first item was checked. The fifty-second item was not checked. The fifty-third item was checked. The fifty-fourth item was not checked. The fifty-fifth item was checked. The fifty-sixth item was not checked. The fifty-seventh item was checked. The fifty-eighth item was not checked. The fifty-ninth item was checked. The sixtieth item was not checked. The sixty-first item was checked. The sixty-second item was not checked. The sixty-third item was checked. The sixty-fourth item was not checked. The sixty-fifth item was checked. The sixty-sixth item was not checked. The sixty-seventh item was checked. The sixty-eighth item was not checked. The sixty-ninth item was checked. The seventieth item was not checked. The seventy-first item was checked. The seventy-second item was not checked. The seventy-third item was checked. The seventy-fourth item was not checked. The seventy-fifth item was checked. The seventy-sixth item was not checked. The seventy-seventh item was checked. The seventy-eighth item was not checked. The seventy-ninth item was checked. The eightieth item was not checked. The eighty-first item was checked. The eighty-second item was not checked. The eighty-third item was checked. The eighty-fourth item was not checked. The eighty-fifth item was checked. The eighty-sixth item was not checked. The eighty-seventh item was checked. The eighty-eighth item was not checked. The eighty-ninth item was checked. The ninetieth item was not checked. The ninety-first item was checked. The ninety-second item was not checked. The ninety-third item was checked. The ninety-fourth item was not checked. The ninety-fifth item was checked. The ninety-sixth item was not checked. The ninety-seventh item was checked. The ninety-eighth item was not checked. The ninety-ninth item was checked. The hundredth item was not checked.

[illegible]

Charge: Andrew Valente

Date: 9/5/19

Send V. G. [unclear]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Central Middle School</u>	Date: <u>9/5/19</u>	Page 1 of <u> </u>
Address: <u>875 Hancock St</u>	Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>376-5211</u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>A.P.S.</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>
Person-in-charge: <u>Kathleen Pyer</u>		
Inspector: <u>B.J. DeCarly</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: [Signature] Date:

Signature of Inspector: [Signature] Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quiney

Establishment: Central Middle School Date: 9/5/19 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:

- ☐ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other School re-licensing

Other Information:

How + Annual system up to date

Signature of Person-in-Charge:

Date: 9/5/19

Signature of Inspector:

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Winey

Establishment:	Centra Middle School	Date:	9/5/19	Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
p.22g	145	Frozen p.22g	-9	milk	40
mayo	40	chuck	40	Fries	165

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

9 Date: / / 19

Date: 7/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Della Chiesa</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>600 Brooks Ave</u>	Time in:	Time out:
Telephone: <u>617-984-8777</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Lisa Rucker</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	X					
2	Certified Food Protection Manager	X					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	X					
4	Proper use of restriction and exclusion	X					
5	Procedures for responding to vomiting and diarrheal events	X					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	X					
7	No discharge from eyes, nose, and mouth	X					
Preventing Contamination by Hands							
8	Hands clean & properly washed	X					
9	No bare hand contact with ready-to-eat food	X					
10	Adequate handwashing sinks properly supplied and accessible	X					
Approved Source							
11	Food obtained from approved source	X					
12	Food received at proper temperature	X					
13	Food received in good condition, safe, & unadulterated	X					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control	X					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	X					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge: As Needed

AS Needed

Signature of Person-in-Charge: <u>Lisa Rucker</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Paul Anderson</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Dumery

Establishment: Della Chiesa

Date: 9/15/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	X					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	X					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	X					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Re-inspection

Other Information:

Signature of Person-in-Charge: Jessie Rucan

Date: 9/15/19

Signature of Inspector: David Chen

Date: 9/15/19

Quinn

Della Chiesa

915/10

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Beach in	36°				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Lisa Riche

Date: 9/15/19

Partly OK

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Lincoln Hancock School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>300 Granite St</u>	Time in:	Time out:
Telephone: <u>984-8768</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Margaret Collins</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 months Discussion with Person-in-Charge:

Signature of Person-in-Charge: [Signature] Date: 9/9/19
 Signature of Inspector: [Signature] Date: 9/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Lincoln Hancock School

Date: 6/9/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		/				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			/			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation			/			
M9	School Kitchen; USDA Nutrition Program			/			
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation			/			
Local Requirements							
L1	Local law or regulation		/				
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other School re-inspection

Other Information:

Signature of Person-in-Charge: [Signature]

Signature of Inspector: [Signature]

Date: 6/9/19

Date: 6/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Lincoln Hancock School

Date: 8/9/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk chest	38	Juice	39	milk	38
Grilled cheese	165				

[illegible]

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

Date:

Date _____

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Marshall School</u>		Date: <u>9/8/19</u>	Page 1 of <u>2</u>
Address: <u>200 Moody St</u>		Time in: <u>9</u>	Time out:
Telephone: <u>984-8721</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0	
Owner: <u>Q.P.S</u>			
Person-in-charge: <u>Diane Bowes-Deagle</u>			
Inspector: <u>Bill DeCarls</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge:	<u>Diane E. Bowes Deagle</u>	Date: <u>9/8/19</u>	
Signature of Inspector:	<u>Bill DeCarls</u>	Date: <u>9/8/19</u>	

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Marshall School

Date: 9/9/15

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			/			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	/					
M2	Food allergy awareness	/					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation			/			
M9	School Kitchen; USDA Nutrition Program			/			
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation			/			
Local Requirements							
L1	Local law or regulation	/					
L2	Other	/					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>School Reticensing</u>	Other Information:
Signature of Person-in-Charge: <u>Deane E. B. DeS...</u>		Date: <u>9/9/15</u>
Signature of Inspector: <u>W. A. ...</u>		Date: <u>9/9/15</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Marshall School

Date: 7/6/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
milk chest	38	milk	38		

Observations and/or Corrective Actions
<p>1. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>2. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>3. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>4. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>5. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>6. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>7. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>8. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>9. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p> <p>10. The contractor shall provide a written report of the results of the inspection to the project manager within 48 hours of the inspection.</p>

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge

Signature of Inspector:

Date: _____

Date:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Merrymount School</u>	Date: <u>9/8/19</u>	Page 1 of <u>3</u>
Address: <u>4 Agam Rd</u>	Time in:	Time out:
Telephone: <u>984-8762</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Deborah Powers</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Deborah Powers</u>	Date: <u>9/8/19</u>
Signature of Inspector: <u>Bill DeCarli</u>	Date: <u>9/8/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Merrymount School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		✓				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		✓				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			✓			
M4	Mobile Food Operation			✓			
M5	Temporary Food Establishment			✓			
M6	Public Market; Farmers Market			✓			
M7	Residential Kitchen; Bed-and-Breakfast Operation			✓			
M8	Residential Kitchen: Cottage Food Operation			✓			
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen			✓			
M11	Innovative Operation			✓			
Local Requirements							
L1	Local law or regulation	✓					
L2	Other	✓					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input checked="" type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>Re License</u>	Other Information:
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Signature of Person-in-Charge: [Signature] Date: 9/6/19

Signature of Inspector: [Signature] Date: 9/6/19

Food Establishment Inspection Report – City/Town of QuincyEstablishment: Merrymount School

Date: 9/6/15

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk	40	Apple	37	Chickburg	170

Observations and/or Corrective Actions
<p>1. The contractor shall be responsible for obtaining all necessary permits and approvals from the relevant authorities before commencing any work.</p> <p>2. The contractor shall ensure that all work is carried out in accordance with the approved plans and specifications.</p> <p>3. The contractor shall maintain a safe and secure work environment at all times.</p> <p>4. The contractor shall ensure that all materials and equipment are stored safely and securely.</p> <p>5. The contractor shall ensure that all waste is disposed of in accordance with the relevant regulations.</p> <p>6. The contractor shall ensure that all work is completed within the agreed time frame.</p> <p>7. The contractor shall ensure that all work is completed to the required standard.</p> <p>8. The contractor shall ensure that all work is completed in accordance with the relevant regulations.</p> <p>9. The contractor shall ensure that all work is completed in accordance with the relevant standards.</p> <p>10. The contractor shall ensure that all work is completed in accordance with the relevant codes of practice.</p>

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 5/6/17

Signature of Inspector:

Date: 9/6/15

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: <u>Montclair</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>8 Belmont Street</u>	Time in:	Time out:
Telephone: <u>1-617-984-8708</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Thuy</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/	/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: AS REQUIRED Discussion with Person-in-Charge:

every 6 months PA

Signature of Person-in-Charge: A David & Wiles
 Signature of Inspector: Paul V. Ouel

Date: 9/5/19
 Date: 9/5/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: Montclair

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required				✓		
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods				✓		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding				✓		
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other re-licensing

Other Information:

Signature of Person-in-Charge:

T. David & Wilson

Date: 9/5/19

Signature of Inspector:

Paul V. Clark

Date: 9/5/19

Quincy

Date: 9/5/19

Page 3 of 3

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>North Quincy High School 1</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>316 HANCOCK ST</u>	Time in:	Time out:
Telephone: <u>1-617-984-8870</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Christine Pudder</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge: Ass. Needed

Signature of Person-in-Charge: Christine Pudder Date: 9/4/19

Signature of Inspector: Paul Anderson Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: North Quincy High School

Date: 9/4/13

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	X					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	X					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	X					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re-inspecting</u>	Other Information:
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Signature of Person-in-Charge:

Christine Pedder

Date: 9/4/13

Signature of Inspector:

Paul V. Carr

Date: 9/4/13

Quince

North Quincy High School

Date: 9/4/19

Page 3 of 3

Temperature Observations

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
walk in	260				
reach ins	390				
Box Holding	1410				
walk in freezer	70				
2nd walk in freezer	30				

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge: _____

In-Charge: Christine Padden

Date: 9/4/19

Signature of Inspector: _____

or: *Paul V. [unclear]*

Date: 9/14/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: North Quincy H.S. Parking Room	Date: 9/4/19	Page 1 of 3
Address: 316 Hancock St	Time in:	Time out:
Telephone: 1-617-984-8870	Permit No.: 5	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 2
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: Bill Spellissy		
Inspector: Paul Anderson		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			X			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			X			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

As Accepted 6/1/19 AA

Signature of Person-in-Charge: [Signature]	Date: 9/4/19
Signature of Inspector: [Signature]	Date: 9/4/19

Food Establishment Inspection Report – City/Town of Plymouth

Establishment: MQHS Packing Room

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re-licensing</u>	Other Information:
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Signature of Person-in-Charge: Wendy Doherty

Date: 9/4/19

Signature of Inspector: Paul V. Clark

Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Parker School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>148 Billings Rd</u>	Time in:	Time out:
Telephone: <u>(607-984) - 8626</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>FRANCES Malames</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction			X			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control	✓					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	✓					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	✓					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	✓					
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			X			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

AS needed
6 mos

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>9/4/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>9/4/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Parker School

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source	/					
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program		X				
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input checked="" type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>no-licensing</u>	Other Information:
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Signature of Person-in-Charge: [Signature]

Signature of Inspector: [Signature]

Date: 9/4/19

Date: 9/4/19

Quinn

Parker School

914119

3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Refr in	38°				
milk chest	36°				

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

James E. McCreary

9/4/18

Paul V. Clark

9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Point Webster</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>60 Lancaster St</u>	Time in:	Time out:
Telephone: <u>1-617-984-6607</u> Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>4</u>	
Owner:	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Debbie Russo</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: AS 6/1/20 Discussion with Person-in-Charge: PA

Signature of Person-in-Charge: Debbie Russo Date: 9/5/19
 Signature of Inspector: Paul Anderson Date: 9/5/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: Point Webster

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re licensing</u>	Other Information:
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Signature of Person-in-Charge: X Deborah Russo

Signature of Inspector: Paul V. Chiu

Date: 9/5/19

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Point Webster

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Walk in Forest	81				
Reach by	35.40				
Midk Crest	42.0				

[illegible]

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature: Stuart Russo
Paul V. Oser

Date: 9/5/19

Signature of Inspector:

Paul V. Oser

Date: 9/8/11

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>President's Cafe</u>		Date: <u>9/5/19</u>	Page 1 of <u> </u>
Address: <u>52 Coddington st</u>		Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>376-3288</u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u> Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Owner: <u>A.P.S</u>			
Person-in-charge: <u>Mark Kelly</u>			
Inspector: <u>Bill DeCarli</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u> </u>	Date: <u> </u>
Signature of Inspector: <u> </u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: President's Cafe

Date: 9/5/19

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		/				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		/				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>School Relicensing</u>	Other Information: <u>Hood + Ansel system up to date</u>
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Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Winey

Establishment: President's cave

Date: 9/5/19

Page of

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Egg ^s	37	Bottle	37	Ice cream	5

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date:

Signature of Inspector:

Date: _____

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Quincy High School</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>100 Coddington St</u>	Time in:	Time out:
Telephone: <u>376-3372</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q. P. S.</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Christina Mendez</u>		
Inspector: <u>P. J. DeCarlo</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction				/		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Christina Mendez</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>P. J. DeCarlo</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Quincy High School

Date: 9/5/19

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		/				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		/				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program		/				
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation	/					
L2	Other						

Type of Operation(s):

- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential; Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☐ Other _____

Other Information:

Hood + Ansel system up to date

Signature of Person-in-Charge:

Chris Meyers

Date: 9/5/19

Signature of Inspector:

Paul W. H.

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Quincy High School

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Cold cut sub	36	Salad Dressing	36	Beef patties	3

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

Date: 9/8/19

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>SNUG Harbor School</u>	Date: <u>9/6/19</u>	Page 1 of <u>3</u>
Address: <u>333 Palmer st</u>	Time in:	Time out:
Telephone: <u>984-8763</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q.P.S</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Catherine McGhan</u>		
Inspector: <u>Bill DeCarls</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Catherine McGhan</u>	Date: <u>9/6/19</u>
Signature of Inspector: <u>Bill DeCarls</u>	Date: <u>9/6/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Snug Harbor School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Re-inspection

Other Information:

Signature of Person-in-Charge: Catherine M. Spelman

Signature of Inspector: [Signature]

MDPH report form – 10/5/18 version

Date: 9/6/19

Date: 9/6/19

Food Establishment Inspection Report – City/Town of Winey

Establishment: Snug Harbor School

Date: 2/6/19

Page 3 of 3

Temperature Observations

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk	38				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge _____

large Catherine Ann Bagan
Muth de W

2/8/15

Signature of Inspector:

Wm. H. W.

Date: 9/6/10

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Squantum School</u>		Date: <u>8/9/19</u>	Page 1 of <u>3</u>
Address: <u>50 Hickins Ave</u>		Time in:	Time out:
Telephone: <u>984-8768</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Susan Gillaspie</u>			
Inspector: <u>B71 DeGoly</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
<u>6 month</u>	

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>8/9/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>8/9/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Squantum School

Date: 9/8/19

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	✓					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	✓					
M2	Food allergy awareness	✓					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			✓			
M4	Mobile Food Operation			✓			
M5	Temporary Food Establishment			✓			
M6	Public Market; Farmers Market			✓			
M7	Residential Kitchen; Bed-and-Breakfast Operation			✓			
M8	Residential Kitchen: Cottage Food Operation			✓			
M9	School Kitchen; USDA Nutrition Program			✓			
M10	Leased Commercial Kitchen			✓			
M11	Innovative Operation			✓			
Local Requirements							
L1	Local law or regulation	✓					
L2	Other						

Type of Operation(s):
☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:
☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☐ Other School re-inspection

Other Information:

Signature of Person-in-Charge: Susan Gillespie

Signature of Inspector: Michael DeLuca

Date: 9/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Squadra School

Date: 9/9/19

Page ____ of ____

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
milk	34	milk chest	34	Grilled Cheese	165

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge

Signature of Inspector:

Date:

Date:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: South West Middle School		Date: 9/5/19	Page 1 of ____
Address:		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	0
Owner: Q. P. S.			
Person-in-charge: Jean Petroni		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: Bill DeCarli			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control	✓					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	✓					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	✓					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	✓					
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			✓			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: _____ **Discussion with Person-in-Charge:** _____

Signature of Person-in-Charge:	<i>Jean Peterson</i>	Date:	<i>9/5/19</i>
Signature of Inspector:	<i>Anthony Wilson</i>	Date:	<i>9/5/19</i>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: South West Middle School Date: _____ Page 2 of _____

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		<input checked="" type="checkbox"/>				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods				<input checked="" type="checkbox"/>		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		<input checked="" type="checkbox"/>				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		<input checked="" type="checkbox"/>				
M2	Food allergy awareness		<input checked="" type="checkbox"/>				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			<input checked="" type="checkbox"/>			
M4	Mobile Food Operation			<input checked="" type="checkbox"/>			
M5	Temporary Food Establishment			<input checked="" type="checkbox"/>			
M6	Public Market; Farmers Market			<input checked="" type="checkbox"/>			
M7	Residential Kitchen; Bed-and-Breakfast Operation			<input checked="" type="checkbox"/>			
M8	Residential Kitchen: Cottage Food Operation			<input checked="" type="checkbox"/>			
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>					
M10	Leased Commercial Kitchen			<input checked="" type="checkbox"/>			
M11	Innovative Operation			<input checked="" type="checkbox"/>			
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>					
L2	Other	<input checked="" type="checkbox"/>					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>	Other Information: <u>Food + Annual sys up + Date</u>
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Signature of Person-in-Charge: Jean Petricone Date: 9/5/19
 Signature of Inspector: Mark West Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Sarth west middle school</u>	Date: _____ Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Grape Juice	36	Garden Soil	36	Fire! Fire	145
		59/nd Down	38	Flu2en chicken	8

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

Date: _____

Date:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Wollaston School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>205 Beale St</u>	Time in:	Time out:
Telephone: <u>617-984-8791</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>4</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Cathy Barry</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed		X				
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible		X				
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

AS needed
6 mos PA

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>9/4/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>9/4/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Wollaston

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer		/				
M4	Mobile Food Operation		/				
M5	Temporary Food Establishment		/				
M6	Public Market; Farmers Market		/				
M7	Residential Kitchen; Bed-and-Breakfast Operation		/				
M8	Residential Kitchen: Cottage Food Operation		/				
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen		/				
M11	Innovative Operation		/				
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Establishment
☒ Other School

Type of Inspection:

- ☐ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other licensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/4/19

Signature of Inspector: [Signature]

Date: 9/4/19

Quinn

Date: 9/4/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Walls - Chest	38.0				
Reach in	40.0				

Observations and/or Corrective Actions
<p>1. The contractor shall be responsible for obtaining all necessary permits and approvals from the relevant authorities.</p> <p>2. The contractor shall ensure that all work is carried out in accordance with the approved design and specifications.</p> <p>3. The contractor shall maintain a safe and secure work environment at all times.</p> <p>4. The contractor shall provide regular progress reports to the client.</p> <p>5. The contractor shall ensure that all materials and equipment are of high quality and suitable for the intended purpose.</p> <p>6. The contractor shall ensure that all work is completed within the agreed time frame.</p> <p>7. The contractor shall ensure that all work is completed to the satisfaction of the client.</p> <p>8. The contractor shall ensure that all work is completed in accordance with the relevant standards and regulations.</p> <p>9. The contractor shall ensure that all work is completed in a professional and efficient manner.</p> <p>10. The contractor shall ensure that all work is completed in a cost-effective manner.</p>

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature: 

Date: 9/4/19

Oct 1

Date: 9/4/11